

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1053007

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		2				
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14	1					
15		1				
16						
17		3				
18						
19						
20						
21		3				
22						
23	1					
24		1				
25						
26						
27		2				
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49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	33	←		←		←
TOTAL CLAIMS	36					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						